117000020988

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
<u></u>	WAIT	MAIL
(Bu	siness Entity Nar	ne)
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COVER LETTER

	Registration,Se Division of Cor			
CUD IE		CLEANERS LLC		
SUBJEC	CT:	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fce(s) are sub	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		GILVAM F DOS SANTO	s	
			Name of Person	
		GFS TAX & ACCOUNTIN	NG SERVICES	
			Firm/Company	· · · · · · · · · · · · · · · · · · ·
		2005 W CYPRESS CREE	K ROAD STE 100	
		tt	Address	
		FORT LAUDERDALE, F	L 33309	
			City/State and Zip Code	
		GIL611@LIVE.COM		
			to be used for future annual report notific	cation)
For furth	er information co	oncerning this matter, please ca	all:	
GILVAN	M F DOS SANTO	os	954 9408322	
	Name of	f Person	at () Area Code Daytime	Telephone Number
Enclosed	l is a check for th	e following amount:		
\$25.0	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PLUS DRY CLEANERS LLC		
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 01/27/2017	and assigned
Florida document number L17000020988		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:	3909 N FEDERAL HWY	
(Principal office address MUST BE A STREET ADDRESS)	POMPANO BEACH, FL 33064	7 70
Enter new mailing address, if applicable:	3909 N FEDERAL HWY	ILED NY OF S 1 PM
(Mailing address MAY BE A POST OFFICE BOX)	POMPANO BEACH, FL 33064	
		F 2
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent:	ffice address on our records, <u>enter t</u> <u>e</u> :	he name of the nev
New Registered Office Address:	Enter Florida street address	
	, Florida	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager AMBR = Authorized Member								
<u>itle</u>	<u>Name</u>	Address	Type of Action					
<u></u>		**************************************	Add					
			□ Remove					
			☐ Change					
			Add					
			Remove					
		-	☐ Change					
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